

**SOUTH DAKOTA BOARD OF FUNERAL SERVICE
RELEASE AND WAIVER FOR APPRENTICESHIP SUPERVISORS**

INSTRUCTIONS: You must complete this form and send to your supervisors. Please make enough copies of this so that you can sign an original for each supervisor.

I, _____, the applicant for licensure as a funeral
(please Print)
embalmer director in South Dakota, do hereby authorize

(Name of Supervisor)

to release all information in his/her possession that relates or may relate to my fitness to practice funeral embalming/directing to the South Dakota Board of Funeral Service or its designee, and I authorize the South Dakota Board of Funeral Service or its agents or employees to consider any or all of such information in passing on the attached Apprenticeship certification form. This authorization, release and waiver specifically applies to all information in possession of the above named supervisor, including all material deemed privileged or confidential, and I hereby direct the named supervisor to release such information to the South Dakota Board of Funeral Service or its designee.

I hereby also specifically waive any procedural due process rights, whether based in common law, statute or constitution of any state, province or the United States, that would otherwise entitle me to a hearing before release of the materials referred above.

In consideration of the above named supervisor releasing any information in its possession concerning me, I _____, on behalf of myself, my spouse, legal representatives, heirs and assigns, hereby release, waive, discharge, and agree to hold harmless and indemnify the _____ (name of supervisor), the State of South Dakota Board of Funeral Service and their officers, agents and employees from and against any and all claims, actions, suits, damages and liabilities arising or allegedly arising from the release of the information.

Dated this _____ day of _____, year _____.

(applicant's signature)

State of _____)

County of _____)

On this _____ day of _____, year _____, before me, _____

the undersigned officer, personally appeared _____,
known to me or satisfactorily proved to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on the date above first written.

(seal)

Notary Public

State of _____

Name of Applicant: _____ SS No. _____

CERTIFICATE OF APPRENTICESHIP

PLEASE PRINT

I, _____, hereby certify that
(supervisor)
_____ the above named applicant was in my employ for the
period of _____ months as a funeral service trainee operating continuously under my personal supervision
commencing on the _____ day of _____, year _____, and ending on the
_____ day of _____, year _____, that under my supervision during that time he/she
assisted in the embalming arterially of _____ bodies and assisted in conducting _____ funerals.
(number) (number)

SUPERVISORS INFORMATION

Name _____
First Middle Maiden Last name
Address _____
Street City State Zip
Date _____ year _____, _____
Funeral Service Licensee License Number

Supervisor's Signature State Licensed

Please return directly to:

South Dakota Board of Funeral Service
135 East Illinois, Suite 214
Spearfish, SD 57783

Telephone: (605) 642-1600